CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. CIR/DIST/DIV. CODE ALM		2. PERSON REPRESENTED Chatham, Kim				VOUCHER NUMBER						
3. M	AG. DKT/DEF. NUMBEF		4. DIST. DKT/DEF. NUMBE 2:05-000149-003		CR 5. APP	5. APPEALS DKT/DEF. NUMBE			6. OTHER DKT. NUMBER			
7. IN CASE/MATTER OF (Case Name)			8. PAYMENT C	9. TYP	9. TYPE PERSON REPRESENTED			10. REPRESENTATION TYPE (See Instructions)				
U.S. v. Leslie H. Trawic			Felony		Adult Defendant				Criminal Case			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 841A=CD. F CONTROLLED SUBSTANCE - SELL, DISTRIBU TE, OR DISPENSE												
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS MADDOX, BRUCE 6825 HALCYON PARK DR MONTGOMERY AL 36117 Telephone Number: 14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)					Signa D. Repaym	P Subs For Panel Attorney Prior Attorney's Name: Appointment Date: Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or Other present it is justice for the Court (7/1 9/2005 Nunc Pro Tufic Date Repayment or partial repayment ordered from the person represented for this service at						
time of appointment.												
CATEGORIES (Attach itemization of se					HOURS CLAIMED	TO AMO CLA	TAL OUNT IMED	MATH/TECH ADJUSTED HOURS	MATI ADJU	H/TECH USTED DUNT	ADDITIONAL REVIEW	
15.	a. Arraignment and/	or Plea		İ								
	b. Bail and Detention Hearings											
١.	c. Motion Hearings								10.0	17.		
n n	d. Trial									100		
C	e. Sentencing Hearings				 							
ü	f. Revocation Hearings											
F	g. Appeals Court											
	h. Other (Specify on additional sheets)											
	(Rate per hour = \$) TOTALS:											
16. O												
Į ų	b. Obtaining and reviewing records											
P	c. Legal research and brief writing											
ç	d. Travel time											
l ŭ I	e. Investigative and	Other work	(Specify on additio	nal sheets)								
Ľ	(Rate per hour	=\$)	TO	TALS:								
17.	Travel Expenses	, , , , , , , , , , , , , , , , , , , ,	g, meals, mileage, e									
18.	Other Expenses	(other than expe	rt, transcripts, etc.))								
	A CIRA											
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD O F SERVICE FROM TO					VICE	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION 21. CASE DISPOSITIO					SE DISPOSITION	
22. CLAIM STATUS Final Payment Interim Payment Number Supplemental Payment Supplemental Payment Have you previously applied to the court for compensation and/or remimbursement for this case? YES NO If yes, were you paid? YES NO Other than from the court, have you, or toyour knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: Date:												
			APPRO	VED FOR F	MENT-C	ORT IS	EONLY	100	1.17		A Property Co.	
23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL				/EL EXPENSE	XPENSES 26. OTHER EXP			27. TOTAL AMT. APPR / CERT				
28.	28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER						DATE			28a. JUDGE / MAG. JUDGE CODE		
29.	IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL				EL EXPENSE	s	32. OTHER EXPENSES			33. TOTAL AMT. APPROVED		
34. SIGNATURE OF CHIEF JUDGE, COURT OF APP EALS (OR DELEGATE) Pa approved in excess of the statutory threshold amount.						T	DATE 34a.				4a. JUDGE CODE	